

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-585098

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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1	1					
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TOTAL
IND.

2	2	2	2
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TOTAL
DEP.

2	2	2	2
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TOTAL
CLAIMS

2	2	2	2
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	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL CLAIMS						